

*Please Read Instructions:***TRANSCRIPT ORDER**

1. NAME ACLU of Virginia			2. PHONE NUMBER (804) 523-2144	3. DATE 8/17/2017	
4. MAILING ADDRESS 701 E. Franklin Street, Suite 1412			5. CITY Richmond	6. STATE VA	
8. CASE NUMBER 3:17-cv-00056-GEC		9. JUDGE Conrad	DATES OF PROCEEDINGS 10. FROM 8/11/2017 11. TO 8/11/2017		
12. CASE NAME Kessler v. City of Charlottesville			LOCATION OF PROCEEDINGS 13. CITY Charlottesville 14. STATE VA		
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CRIMINAL <input checked="" type="checkbox"/> CIVIL	<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS	<input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS	DATE(S)		PORTION(S)	DATE(S)	
<input type="checkbox"/> VOIR DIRE			<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)			<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING (Spcl)		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			Motion for Preliminary Inj	08/11/2017	
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS			<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING					
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).			ESTIMATE TOTAL	0.00	
18. SIGNATURE Charles Schmidt			PROCESSED BY		
19. DATE 8/17/2017			PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS		
ORDER RECEIVED	DATE	BY			
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00	
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00	

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